FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | (See instruc | Office use only | | | | | | | | | | | | |
|-------------------------------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| 1. NAME OF COMMITTEE (in | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | | | | | | | | | | | |
| ENGINEERS P | OLITICAL EDUCATION COMM | ITTEE (EPEC)/INTERNATION | AL UNION OF | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | | | |
| ADDRESS (number and | street) 1125 17TH ST. NW | | | | | | | | | | | | | |
| (Check if address is changed) | WASHINGTON | | DC 20036 _ | | | | | | | | | | | |
| COMMITTEE'S E-MAI | I ADDRESS | CITY▲ | STATE▲ ZIP CODE ▲ | | | | | | | | | | | |
| COMMITTEES E-MAI | LADDRESS | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | | | | | | | | | | | | |
| | 1111111111 | | | | | | | | | | | | | |
| | 1111111111 | | | | | | | | | | | | | |
| COMMITTEE'S FAX N | IUMBER | | | | | | | | | | | | | |
| لللا | | | | | | | | | | | | | | |
| 2. DATE 0.4 | | | | | | | | | | | | | | |
| 3. FEC IDENTIFICA | TION NUMBER | C C00029504 | | | | | | | | | | | | |
| 4. IS THIS STATEM | ENT NEW (N) OR | X AMENDED (A) | | | | | | | | | | | | |
| I certify that I have exami | ned this Statement and to the best of my k | nowledge and belief it is true, correct a | nd complete | | | | | | | | | | | |
| Type or Print Name of | Treasurer Mr. Christopho | er J. Hanley | | | | | | | | | | | | |
| Signature of Treasurer | Electronically Filed by Mr. Chr | istopher J. Hanley | Date 05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | | | | |
| NOTE: Submission of fal | | nay subject the person signing this Sta | tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS | | | | | | | | | | | |
| Office Use Only | | For further information Federal Election Commis Toll Free 800-424-9530 | | | | | | | | | | | | |

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|----|--------------------------------|--|---|
| 5. | TYPE OF COMM | /ITTEE (Check One) | |
| | (b) 1 | This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete | the candidate |
| | İI | nformation below.) | |
| | Name of Candidate | | |
| | Candidate Party Affiliation | Office Sought: House Senate President | State District |
| | (c) T | his committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | | |
| | X | his committee is a (National, State (or subordinate) committee of the his committee is a separate segregated fund | (Democratic, Republican,etc.) Party. |
| | (f) T | his committee supports/opposes more than one Federal candidate, and is NOT a separate segregat ommittee. | ed fund or party |
| 6. | Name of Any Co | onnected Organization or Affiliated Committee | |
| ı | INTERNATION | IAL UNION OF OPERATING ENGINEERS LOCAL 49 PAC IUOE LOCAL 49 PAC | . |
| ı | | | |
| | Mailing Address | 2829 ANTHONY LANE SOUTH | |
| | • | | |
| | | MINNEAPOLIS MIN | 55418 |
| | | CITY ≜ STATE ♠ | ZIP CODE |
| | Relationship | Affiliated | |
| | Type of Connect | ed Organization: | |
| | Corpora | tion Corporation w/o Capital Stock Labor Organ | nization |
| | X Membe | rship Organization Trade Association Cooperative | , |

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Write or Type Committee Name

| ENGINEERS POLITICAL | EDUCATION COMMITTEE | (EPEC)/INTERNATIONAL | UNION OF OPERATING |
|----------------------------|----------------------------|----------------------|--------------------|
| ENGINEED | | , | |

| 7. | | n of Records: Identify by name, address, (phone number optional), and position of the person in ion of Committee books and records. | | | | | | | | | | | | |
|----|--|---|-----------------------------|--------------|--|--|--|--|--|--|--|--|--|--|
| | Full Name | | | | | | | | | | | | | |
| | Mailing Address | | | | | | | | | | | | | |
| | Title or Position ♥ | CITY A | | | | | | | | | | | | |
| | Title of Fosition • | OIII A | STATE | ZIF CODE A | | | | | | | | | | |
| | | | Felephone number | | | | | | | | | | | |
| 3. | Treasurer: List the name a name and address of any | and address (phone number optional) of designated agent (e.g., assistant treasurer | the treasurer of the commit | tee; and the | | | | | | | | | | |
| | Full Name of Treasurer | | | | | | | | | | | | | |
| | Mailing Address | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Title or Position ♥ | CITY A | STATE▲ | ZIP CODE A | | | | | | | | | | |
| | | | Felephone number | | | | | | | | | | | |
| | Full Name of Designated Agent | | | | | | | | | | | | | |
| | Mailing Address | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Title or Position ♥ | CITY A | STATE A | ZIP CODE A | | | | | | | | | | |
| | | | Celephone number | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| _ | FEC Form 1 (Revised 02/2003) | | | | | | | | | | | | | | | | | | | | | | | | | Paç | ge 4 | 4 | | | | | | | | | | | | | |
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| 9. | Banks or Other safety deposit box | | | | | | | | all k | an | ks | or c | othe | er c | lep | osi | tori | ies | in | wh | ich | the | e co | mr | nitte | ee c | lepo | osit | s fu | ınds | s, h | olds | s a | ссо | unt | ts, ı | ren | ts | | | |
| | Name of Bank, D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | L | L | | | 1 | | | | | | | | | | | | _1 | | | | | | | | | | | | | | Ш. | Ш | | |
| | Mailing Address | | | | | ı | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . 1 |
| | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \perp | _ | | | | | | _ | | Ш |
| | | | | | | | I | | | | | I | | | | | l | L | | 1 | | 1 | | | | 1 | 1 | | | | 1 | L | | | | | L | L | | L | Ш |
| | | | | | | 1 | | | | | | 1 | | | | | ı | | | , | 1 | | | | 1 | | | | 1 | | | | | | | | l – | 1 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | _ | | L | | | | L | | | | | | J | | | | |
| | | | | | | | | | | | | | | С | IT۱ | 1 4 | 4 | | | | | | | | | | STATE 🛆 ZIP | | | | | | | | | C | ODI | | | | |